

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Wm. Abell</i>		Town <i>near Poyak</i>		County <i>Charles</i>		MARYLAND	
Died at <i>near Poyak</i>		Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>64</i>		Years <i>64</i>	
Birth-place <i>Princeton Co Va</i>		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>		Months <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary B. Speake</i>		Father's Name <i>Allen G. Abell</i>		Father's Birthplace <i>Va -</i>	
Mother's Maiden Name <i>Mary U. Mc Dowel</i>		Mother's Birthplace <i>Va -</i>		Name of person giving information <i>Chas. C. Abell</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastro-Enteritis</i>	How long <i>11 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Mitchell & W.</i>
<i>Yes</i>	Address <i>Princeton Va -</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Wm J. Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Pompton</i>		Town <i>Pompton</i>		County <i>Charles</i>	
Date of death <i>1905 Aug 4</i>	Month <i>Aug</i>	Day <i>4</i>	Age <i>72</i>	Years <i>72</i>	Months <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Charles Co -</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jennett Laura Colley</i>				
Father's Name <i>Thomas Clements</i>	Father's Birthplace <i>Chas. Co</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Jos. P. Clements</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intermittent Hepatitis</i>	How long <i>Five years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Mitchell M.D.</i>
<i>Yes</i>	Address <i>Pompton Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

William Coats

CERTIFICATE OF DEATH

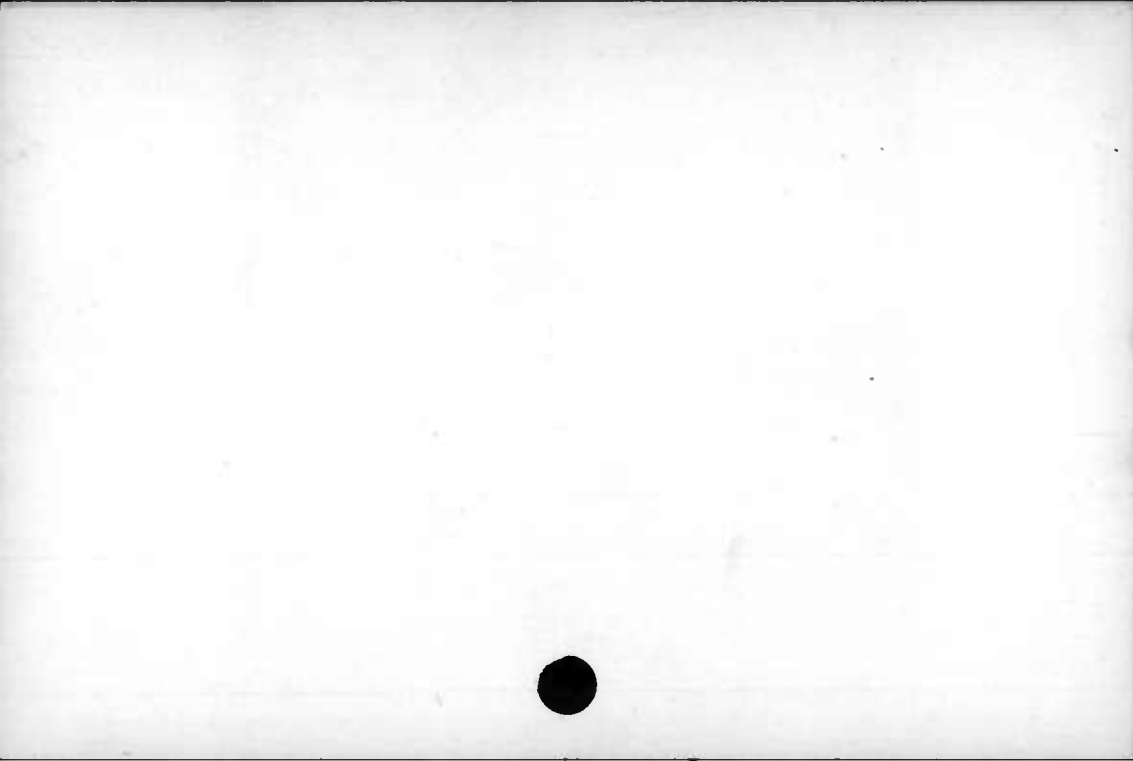
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>in Nanjemoy</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>17</i>	Age <i>19</i>	Months	Days
Sex <i>male</i>	Color or Race <i>W</i>		Birth-place <i>Charles & md</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Nanjemoy</i>				
Married, Single or Widowed	Name of Wife or Husband <i>None</i>				
Father's Name <i>Moses Coats</i>	Father's Birthplace <i>Charles</i>				
Mother's Maiden Name <i>Josephine Short</i>	Mother's Birthplace <i>' ' '</i>				
Name of person giving information <i>John Washington</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental</i>	How long <i>10</i>
Immediate <i>Caught in Threshing machine</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. S. H. Speaker</i>
	Address <i>Grayton</i>
Accident or Suicide?	<i>Per M. C. Sup. Regt.</i>



Name
in
Full

H. C. Coffey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Indian Head, Town

Charles County

Date of death 1905 Aug 17

Age 0 Years

Months 1

Days 27

Sex male

Color or Race

colored

Birth-place

Indian Head

Occupation

X

Where Residing if not at place of death

Married, Single or Widowed

X

Name of Wife or Husband

X

Father's Name

John V. Coffey

Father's Birthplace

Charles Co. Md

Mother's Maiden Name

Celester Farnley

Mother's Birthplace

Charles Co. Md

Name of person giving information

John V. Coffey

How related to deceased

Father

CAUSES OF DEATH

Primary

Indigestion

How long

2 days

Immediate

Enterocolitis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Hugh T. Nelson, M.D.

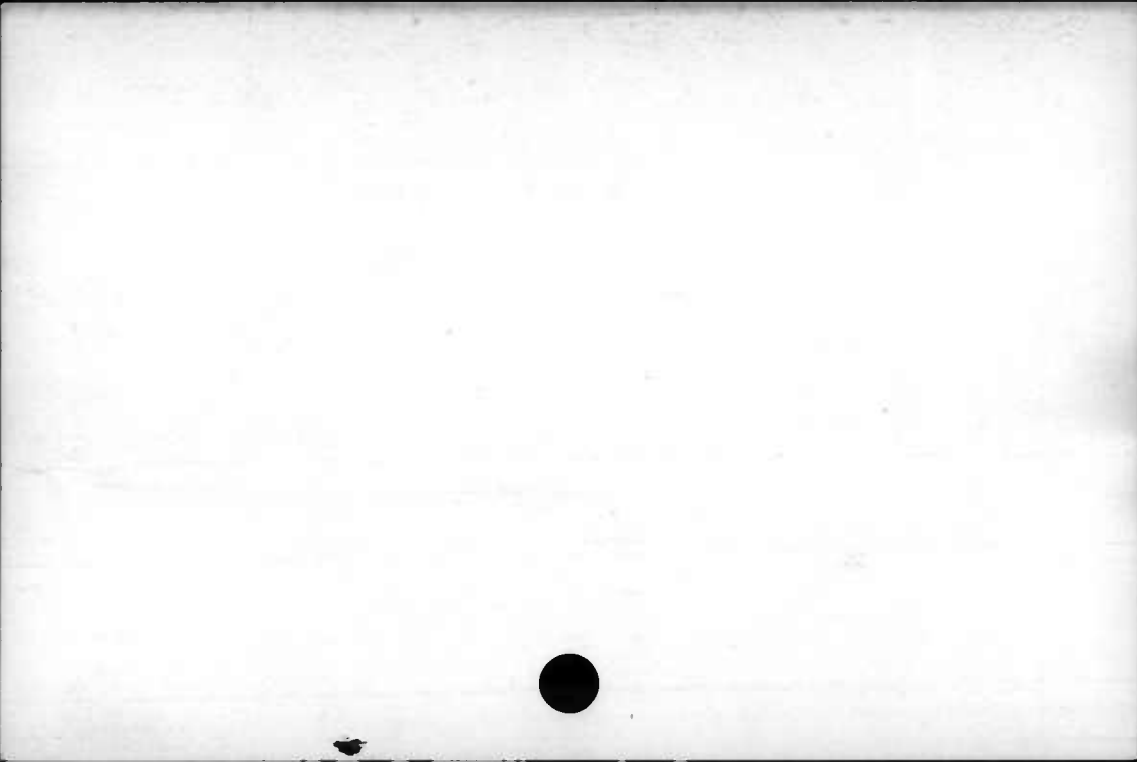
Address

Asst. Surg. U. S. Navy
Indian Head
Maryland

Accident or Suicide?

X

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

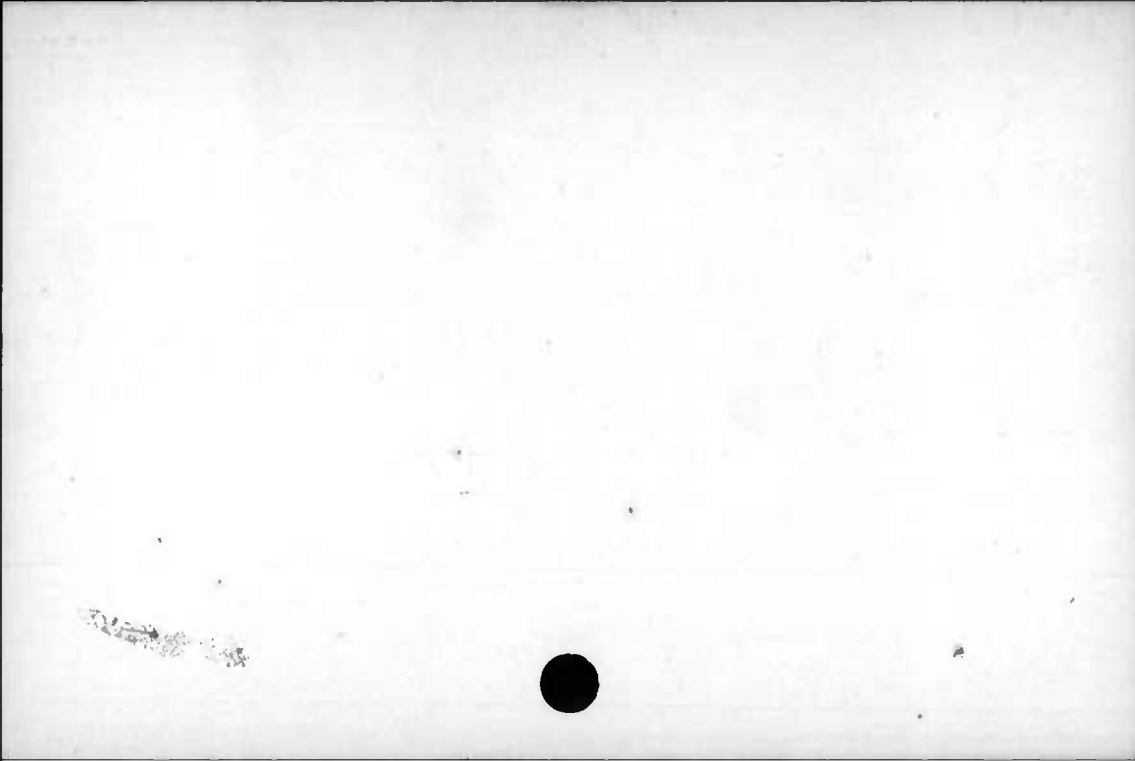
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Malcolm</i> <small>Town</small>		<i>Gardiner</i> <small>County</small>		MARYLAND	
Date of death <i>1905 Aug</i>	<i>30</i> <small>Day</small>	<i>Charles Co</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert Gardiner</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mudd</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Albert Gardiner</i>		How related to deceased <i>Father</i>			

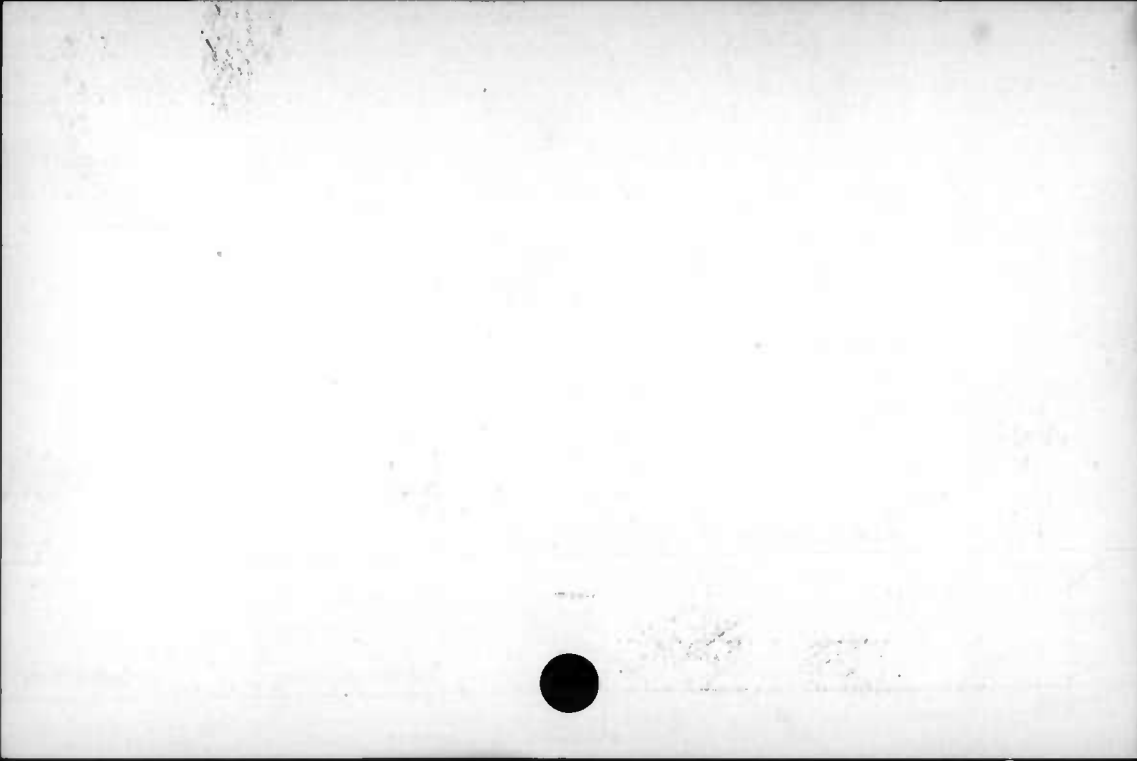
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate	<i>S</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>G. O. Minor</i>
		Address	<i>Waldorf</i>
Accident or Suicide?	<i>—</i>		<i>Ind</i>



Name in Full		Los Creghtlin Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Newport		County Charles		MARYLAND
	Date of death 1905-	Month Aug	Day 28	Age 15-	Years	Months	Days
	Sex	Female		Color or Race	Colored		
	Married, Single or Widowed	Single		Occupation	None		
	Name of Wife or Husband						
	Father's Name				Richard Henry Green		Father's Birthplace Charles Es
	Mother's Maiden Name				Celia Edeline		Mother's Birthplace Charles Es
Name of person giving information				Richard Henry Green		How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Consumption			How long	6 months
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		W. S. Galis	
				Address		Luf. Regester	
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph H Henson
 Died at *Pisgah* ^{Town} *Charles* ^{County}
MARYLAND
 Date of death *1905* ^{Month} *Aug* ^{Day} *22* ^{Years} *Age* ^{Months} ^{Days}
 Sex *Male* Color or Race *collard* Birth-place *Mo.*
 Occupation *Farmer* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Josephine Henson*
 Father's Name *Saml. Mann* Father's Birthplace *Mo.*
 Mother's Maiden Name *Elizabeth Henson* Mother's Birthplace *Mo.*
 Name of person giving information *Wm. A. Henson* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Natural Cause* How long
 Immediate *Heart failure* How long

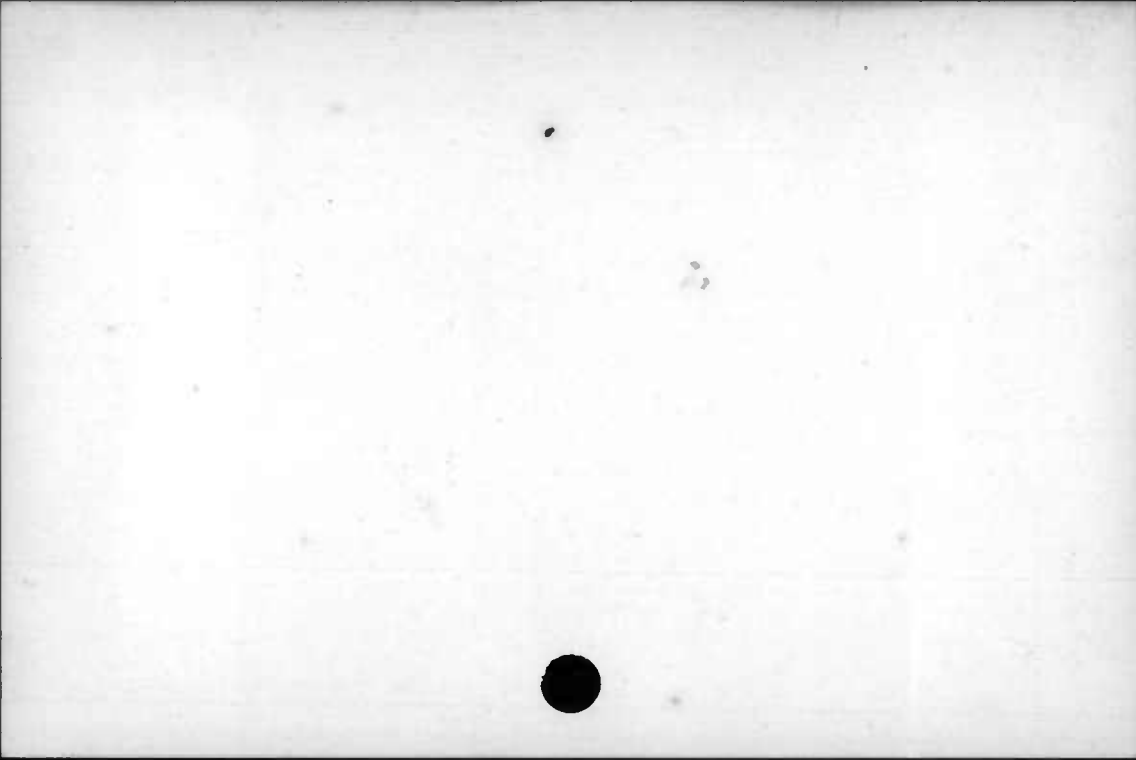
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Home Attendance*

Address

Accident or Suicide?

Natural Cause



Name
in
Full

CERTIFICATE OF DEATH

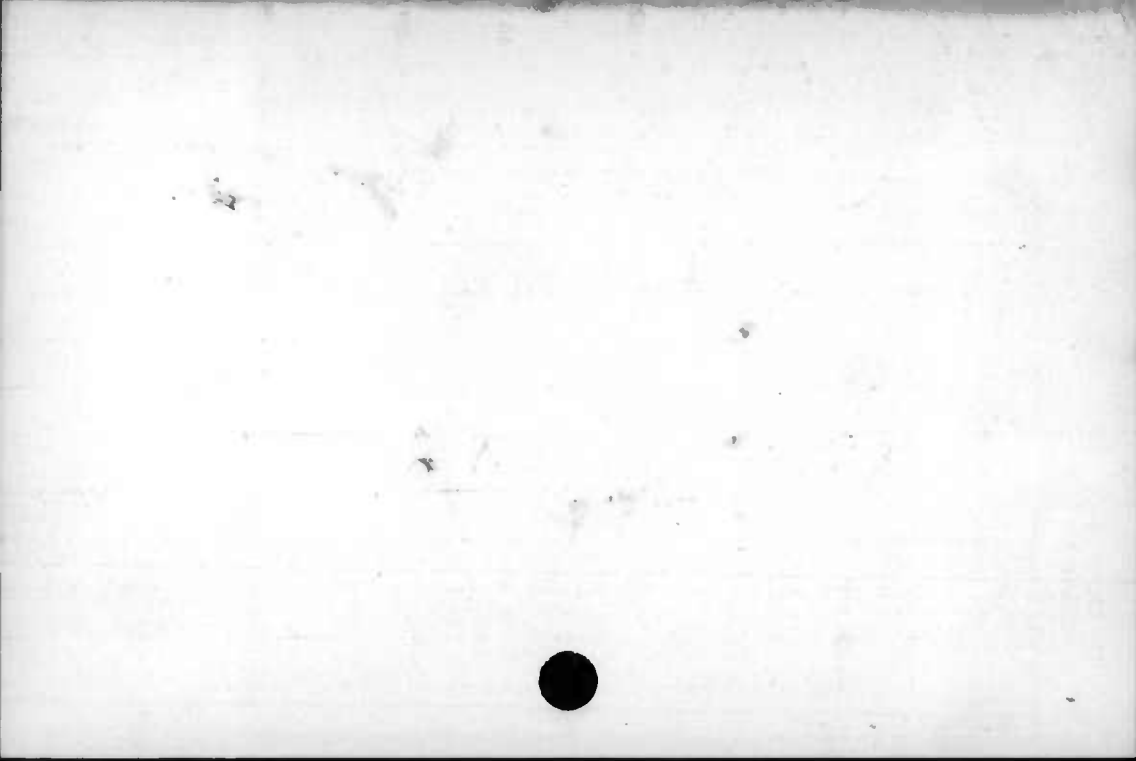
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1901		8	10	8	8		
Sex		Color or Race		Birth-place			
Female		white		Ind			
Occupation				Where Residing if not at place of death			
				Baltimore			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Melvin T Johnson				Ind			
Mother's Maiden Name				Mother's Birthplace			
Ella Ross				Ind			
Name of person giving information				How related to deceased			
Melvin Johnson				Ind			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	10 da
Immediate	Heart failure	How long	1 da
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Helen Choppell	
		Address	
		Hennrich	
		Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wesley M Mandew (Mandew)</i>		Town <i>Chickamauga</i>		County <i>Cherokee</i>		MARYLAND	
Died at		Month <i>8</i>		Day <i>29</i>		Age <i>64</i>	
Date of death <i>1905</i>		Years		Months		Days	
Sex <i>M</i>		Color or Race <i>C</i>		Birth-place <i>MD</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at Home</i>					
Married, Single or Widowed <i>M</i>		Name of Wife or Husband <i>Julia</i>					
Father's Name <i>Cook Mandew</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Sarah (not known)</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>W. F. Cofer</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Coronal abscess</i>		How long <i>6 months</i>	
Immediate <i>Heart Failure</i>		How long <i>10 months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John H. Hammond, Jr.</i>	
		Address <i>Mason Springs MD</i>	
Accident or Suicide?			

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Name in Full		John Middleton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>M^c Concha</i>		County <i>Ch^o</i>	
		Date of death		1903	Month <i>8</i>	Day <i>28</i>	Age <i>62</i>
		Sex		<i>Male</i>		Color or Race	<i>Black</i>
		Occupation		<i>Laborer</i>		Where Residing if not at place of death	
		Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband <i>Lemna Middleton</i>	
		Father's Name		<i>Lewis Middleton</i>		Father's Birthplace <i>Ch^o C^o Md</i>	
		Mother's Maiden Name		<i>Eliza</i>		Mother's Birthplace <i>Ch^o C^o Md</i>	
Name of person giving information		<i>Lemna Middleton</i>		How related to deceased		<i>Wife</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Paralysis</i>				How long <i>7 yrs</i>	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>None in attendance</i>	
		Accident or Suicide?				Address <i>W. F. Branner</i> <i>Ind. Reg</i>	

Reported by
W. F. Browne
Duke Co.

Name
in
Full

Richard Arthur Miles

CERTIFICATE OF DEATH

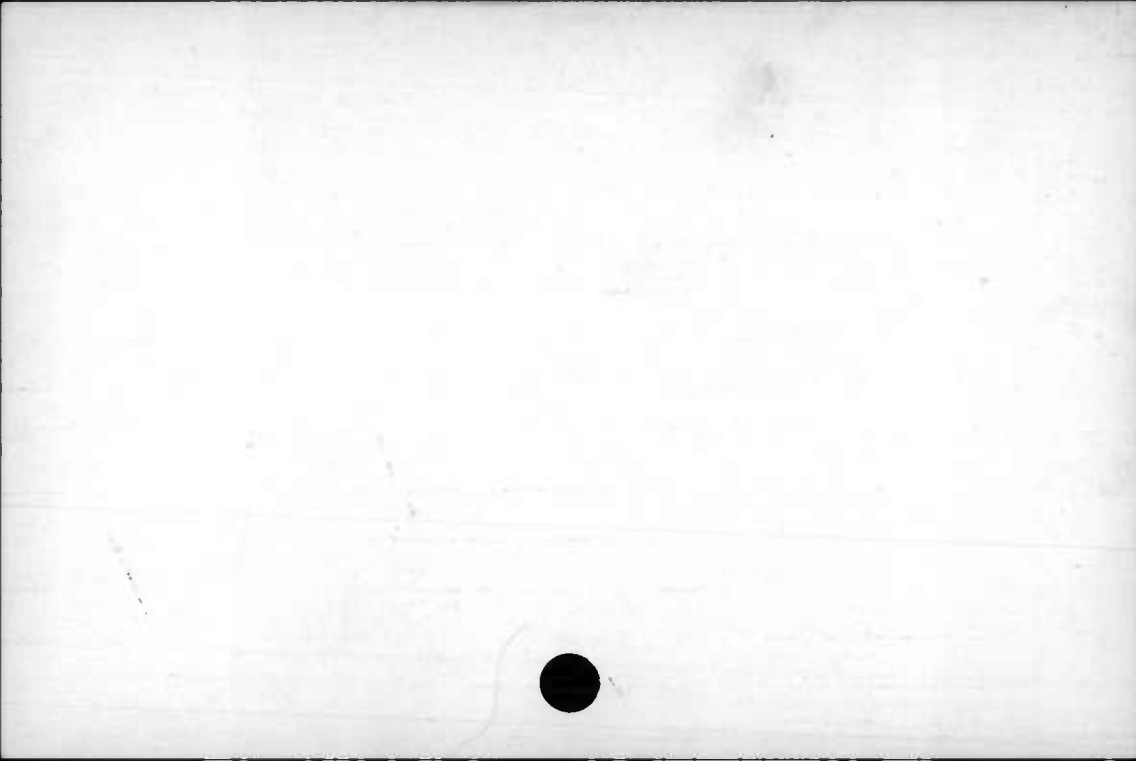
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pompernet</i>		County <i>Ches-</i>		MARYLAND	
Date of death	Month <i>Aug.</i>	Day <i>3</i>	Age	Years <i>1</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ches. Co</i>		
Occupation			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Richard Miles</i>			Father's Birthplace <i>Ches. Co</i>		
Mother's Maiden Name <i>Cora Washington</i>			Mother's Birthplace <i>Ches. Co</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Infarction</i>	How long	<i>Three days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Mitchell M.D.</i>	
		Address <i>Pompernet Ind-</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Cathium Robinson

CERTIFICATE OF DEATH

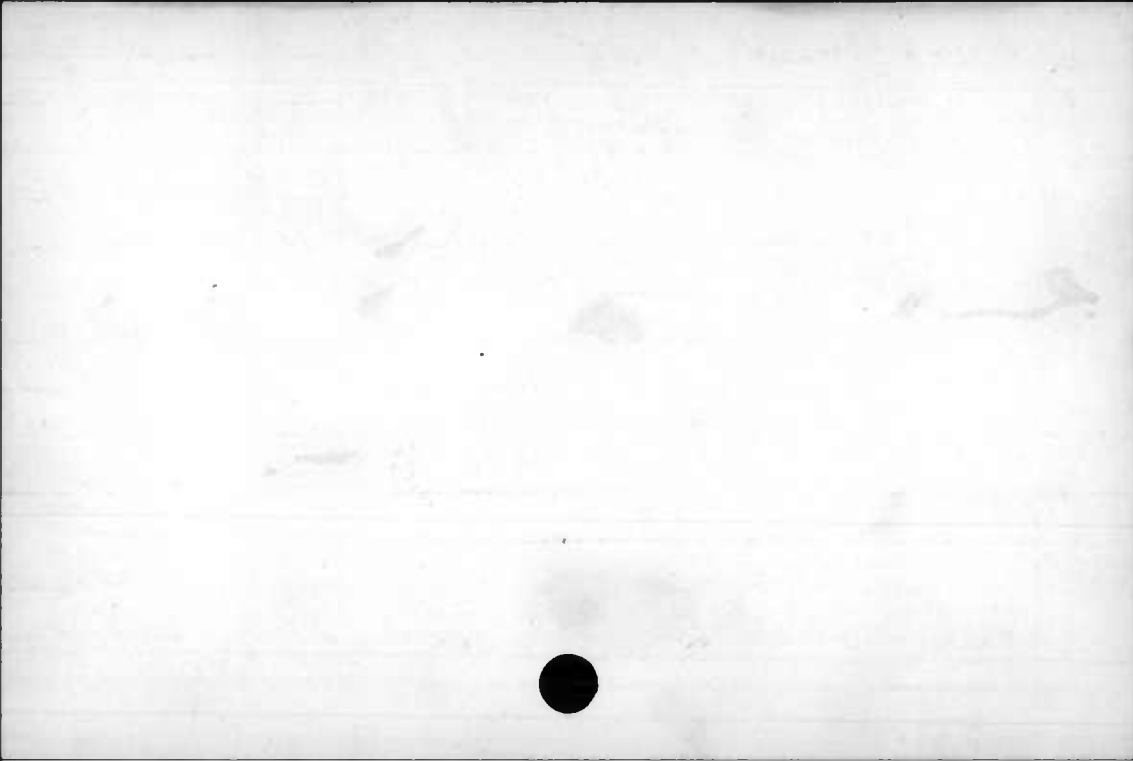
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dean Bury</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1901</i>	Month <i>August</i>	Day <i>2</i>	Years <i>31</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colord</i>		Birth-place <i>Chalk Co. Md</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>A. Robinson</i>			
Father's Name <i>M. Butler</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Louie Butler</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Jim Butler</i>			How related to deceased <i>Brother</i>		

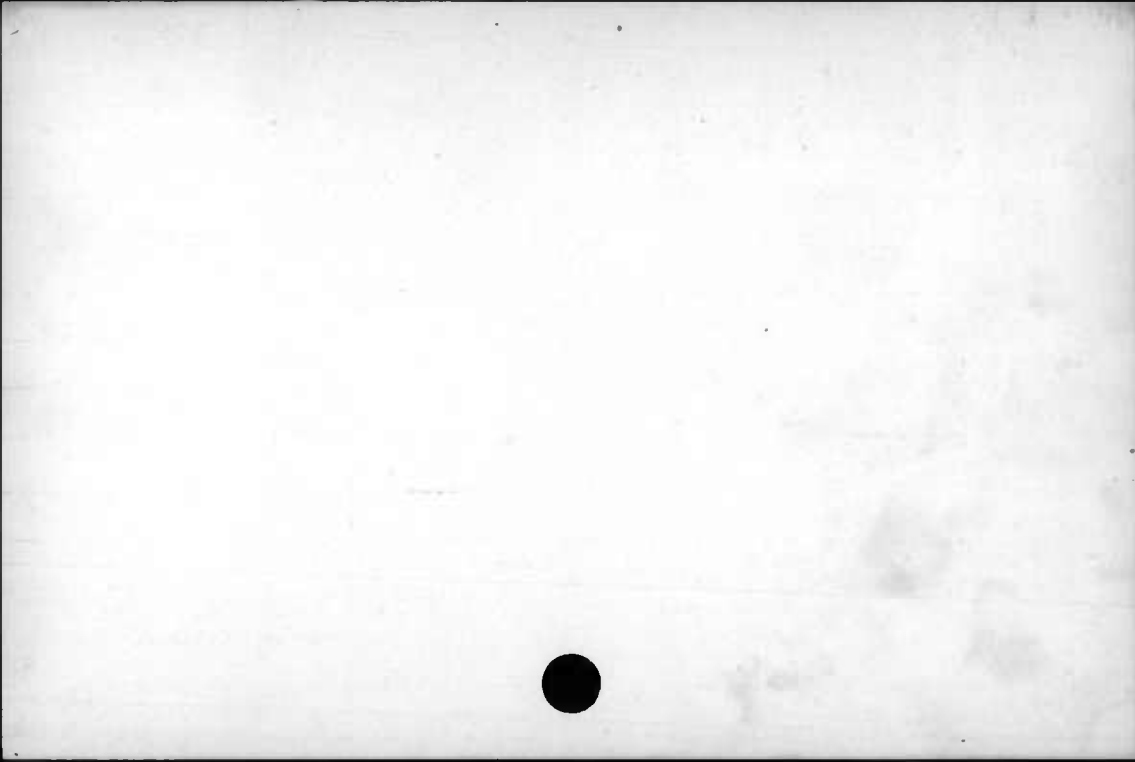
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chalazom phutis</i>	How long <i>Thun Year</i>
Immediate <i>Exhaustion</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Y. G. Monroe</i>
	Address <i>Waldorf</i>
Accident or Suicide? <i>—</i>	<i>Md</i>



Name in Full		Samuel H. Roby				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		White Plains		Chancels		MARYLAND
	Date of death		1901	Aug	6	Age	68
	Sex		M		Color or Race		White
	Occupation		Farmer		Birth-place		Charleston
	Where Residing if not at place of death		Ap. Loring				
	Married, Single or Widowed		Married		Name of Wife or Husband		Mary
	Father's Name		Hanson Roby		Father's Birthplace		Ind
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		R. H. Munro		How related to deceased		Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chalazorophitis		How long		4 days
	Immediate		Exhaustion		How long		Short while
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		G. D. Munro
					Address		Waco, Tex
Accident or Suicide?		No					



Name
in
Full

Herbert Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Faultless</i> Town		County <i>Charles</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>August</i>	Day <i>5</i>	Age <i>55</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Charles Co,</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death		Place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emily Hawkins.</i>				
Father's Name <i>James Short</i>	Father's Birthplace <i>Charles Co.</i>				
Mother's Maiden Name <i>Rachael Thomas</i>	Mother's Birthplace <i>Charles Co.</i>				
Name of person giving information <i>Joseph Dobbins</i>	How related to deceased <i>not related</i>				

CAUSES OF DEATH

Primary <i>Broken Neck</i>	How long <i>10 min.</i>
Immediate <i>Conspiration on end</i>	How long <i>—</i>

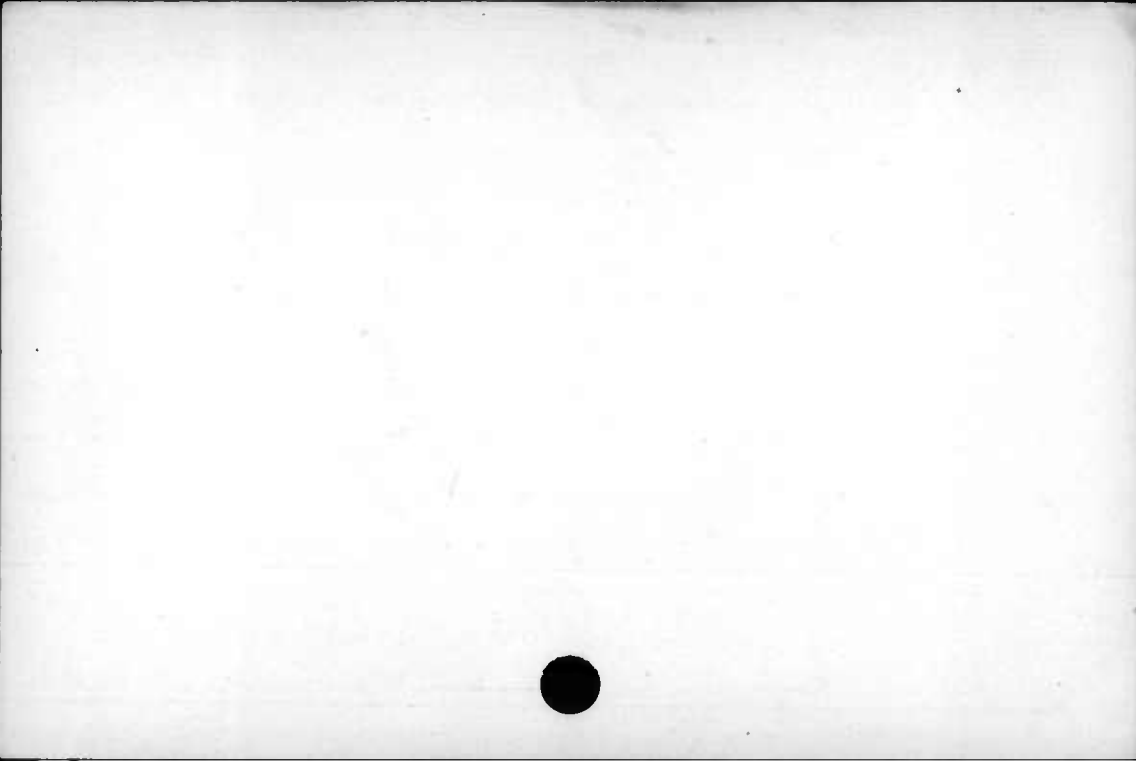
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident ~~or~~ *Crime?*



Name
in
Full

Mary Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Grayton* ^{Town}*Charles* ^{County}

MARYLAND

Date of death 190 *5* ^{Month} *August* ^{Day} *30*Age *70* ^{Years}

Months

Days

Sex *female*Color or
Race*Black*Birth-
place*Charles*Married, Single
or Widowed

Occupation

*House Work*Name of Wife or
Husband*Jim Thompson*Father's
NameFather's
BirthplaceMother's
Maiden Name*Julia Subman*Mother's
Birthplace*Charles*Name of person giving
Information*Frank Thomas*How related
to deceased*None*

CAUSES OF DEATH

Primary

*Organic Heart Disease
With Dropsy*

How long

5 or 6 Month

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*W. D. H. Speake
Grayton Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

